



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 88661

**Title:** Effectiveness of antibiotic prophylaxis for acute esophageal variceal bleeding in patients with band ligation: A large observational study

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00503417

**Position:** Peer Reviewer

**Academic degree:** DNB, FCPS, MD

**Professional title:** Doctor, Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-10-04

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-19 06:59

**Reviewer performed review:** 2023-11-19 07:27

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

While the message is clear that antibiotic prophylaxis is not indicated as an across-the-board measure for all patients undergoing EVL, the authors should clarify the following: 1. Do all currently valid guidelines recommend antibiotic prophylaxis for bleed control? If not, do they make a distinction between EVL and EIS, presence or absence of ascites, and ranking as per Child or MELD status? This is important as it then justifies the need for such a study in all patients undergoing EVL 2. How many patients in the authors' cohort had ascites / pre-existing SBP? 3. Is there any way to know why the endoscopists chose to administer antibiotics in individual patients?



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**Reviewer's code:** 05426950

**Position:** Peer Reviewer

**Academic degree:** MBBS

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Jordan

**Author's Country/Territory:** Japan

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**Reviewer chosen by:** Jia-Ru Fan

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<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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An important and interesting topic that has been taken for granted for years. I was wondering whether information regarding the presence of ascites was available in your patients to include it in the subgroup analysis.